

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

CITIZENS Protest

Report Covering the Period:

From:

05 ' 24 ' 2011

To:

06 ' 30 ' 2011

11030661153

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1,		
(b) Cash on Hand at Beginning of Reporting Period.....	884.83	
(c) Total Receipts (from Line 19).....	7087.21	
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	7972.04	
7. Total Disbursements (from Line 31).....	7705.00	
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	267.04	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	000	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	000	

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

CITIZENS Protest Non Profit Inc

Report Covering the Period: From:

05 24 2011

To:

06 30 2011

I. Receipts

COLUMN A
Total This Period

COLUMN B
Calendar Year-to-Date

11. Contributions (other than loans) From:

(a) Individuals/Persons Other Than Political Committees

(i) Itemized (use Schedule A).....

5516.21

(ii) Unitemized.....

1511.00

(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶

7087.21

(b) Political Party Committees.....

0.00

(c) Other Political Committees (such as PACs).....

0.00

(d) Total Contributions (add Line 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5).....▶

7087.21

12. Transfers From Affiliated/Other Party Committees.....

0.00

13. All Loans Received.....

0.60

14. Loan Repayments Received.....

0.00

15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....

0.00

16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....

0.00

17. Other Federal Receipts (Dividends, Interest, etc.).....

0.00

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account (from Schedule H3).....

0.00

(b) Levin Funds (from Schedule H5).....

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶

7087.21

20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶

7087.21

11030661154

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

11030661155

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share		
(ii) Non-Federal Share	7,170.00	
(b) Other Federal Operating Expenditures	535.50	
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	7,705.50	
22. Transfers to Affiliated/Other Party Committees	0.00	
23. Contributions to Federal Candidates/Committees and Other Political Committees	0.00	
24. Independent Expenditures (use Schedule E)	0.00	
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F)	0.00	
26. Loan Repayments Made	0.00	
27. Loans Made	0.00	
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	
(b) Political Party Committees	0.06	
(c) Other Political Committees (such as PACs)	0.00	
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	
29. Other Disbursements		
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.06	
(ii) "Levin" Share	0.00	
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.06	
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	7,705.50	
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)	0.00	

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	708721	
34. Total Contribution Refunds (from Line 28(d))	000	
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	708721	
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	717000	
37. Offsets to Operating Expenditures (from Line 15, page 3)	000	
38. Net Operating Expenditures (subtract Line 37 from Line 36)	-8279	

11030661156

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:		PAGE	OF
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
CITIZENS Protest Non Profit Inc

A.

Full Name (Last, First, Middle Initial) _____

Mailing Address _____

City _____ State _____ Zip Code _____

FEC ID number of contributing federal political committee. **C**

Name of Employer _____ Occupation _____

Receipt For:
 Primary General
 Other (specify) ▼ _____

Aggregate Year-to-Date ▼ _____

Date of Receipt _____

Amount of Each Receipt this Period _____

B.

Full Name (Last, First, Middle Initial) _____

Mailing Address _____

City _____ State _____ Zip Code _____

FEC ID number of contributing federal political committee. **C**

Name of Employer _____ Occupation _____

Receipt For:
 Primary General
 Other (specify) ▼ _____

Aggregate Year-to-Date ▼ _____

Date of Receipt _____

Amount of Each Receipt this Period _____

C.

Full Name (Last, First, Middle Initial) _____

Mailing Address _____

City _____ State _____ Zip Code _____

FEC ID number of contributing federal political committee. **C**

Name of Employer _____ Occupation _____

Receipt For:
 Primary General
 Other (specify) ▼ _____

Aggregate Year-to-Date ▼ _____

Date of Receipt _____

Amount of Each Receipt this Period _____

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

000
000

11038661157

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE OF

21b 22 23 24 25 26
 27 28a 28b 28c 29 30b

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NAME OF COMMITTEE (In Full)

CITIZENS Protest NonProfit Inc.

Full Name (Last, First, Middle Initial)

A. Siddiq Mumin
 Mailing Address: 1360 Regent St 157
 City: Madison, WI Zip Code: 53715
 Purpose of Disbursement: Contribution
 Candidate Name: [Blank]
 Office Sought: House Senate President
 Disbursement For: Primary General Other (specify) Rally Buttons
 State: District: [Blank]

Date of Disbursement

06/24/2011

Amount of Each Disbursement this Period

72500

B. Siddiq Mumin
 Mailing Address: 1360 Regent St 157
 City: Madison, WI Zip Code: 53715
 Purpose of Disbursement: Contribution
 Candidate Name: [Blank]
 Office Sought: House Senate President
 Disbursement For: Primary General Other (specify) Rally Buttons
 State: District: [Blank]

Date of Disbursement

06/24/2011

Amount of Each Disbursement this Period

60000

C. Siddiq Mumin
 Mailing Address: 1360 Regent St 157
 City: Madison, WI Zip Code: 53715
 Purpose of Disbursement: Contribution
 Candidate Name: [Blank]
 Office Sought: House Senate President
 Disbursement For: Primary General Other (specify) Rally Buttons
 State: District: [Blank]

Date of Disbursement

06/27/2011

Amount of Each Disbursement this Period

76000

SUBTOTAL of Disbursements This Page (optional).....>

TOTAL This Period (last page this line number only).....>

208500

11030661158

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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 27 28a 28b 28c 29 30b

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NAME OF COMMITTEE (in Full)

CITIZENS Protest Non Profit Inc.

Full Name (Last, First, Middle Initial)

A. Siddiq Mumin

Date of Disbursement

05 27 2011

Mailing Address

1360 Regent st 157

City State Zip Code

Madison WI 53715

Purpose of Disbursement

Administrative

Candidate Name

001
Category/
Type

Amount of Each Disbursement this Period

41.20

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) GAS

State: District:

Full Name (Last, First, Middle Initial)

B. Siddiq Mumin

Date of Disbursement

05 27 2011

Mailing Address

1360 Regent st 157

City State Zip Code

Madison GA 53715

Purpose of Disbursement

Administrative

Candidate Name

001
Category/
Type

Amount of Each Disbursement this Period

24.43

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) GAS

State: District:

Full Name (Last, First, Middle Initial)

C. Siddiq Mumin

Date of Disbursement

05 31 2011

Mailing Address

1360 Regent st 157

City State Zip Code

Madison, Ga. 53715

Purpose of Disbursement

Administrative

Candidate Name

001
Category/
Type

Amount of Each Disbursement this Period

25.48

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) GAS

State: District:

SUBTOTAL of Disbursements This Page (optional).....>

TOTAL This Period (last page this line number only).....>

91.11

11030661159

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE OF

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

CITIZENS PROTEST NONPROFIT INC.

Full Name (Last, First, Middle Initial)

A. Siddiq Mumin

Date of Disbursement: 05 27 2011

Mailing Address: 1360 Regent St #157

City: Madison State: WI Zip Code: 53718

Purpose of Disbursement: Administrative

Candidate Name: [Blank]

Category/Type: 001

Amount of Each Disbursement this Period: 11.00

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) Food Dinner

State: District: [Blank]

B. Siddiq Mumin

Date of Disbursement: 05 27 2011

Mailing Address: 1360 Regent St #157

City: Madison State: WI Zip Code: 53715

Purpose of Disbursement: Administrative

Candidate Name: [Blank]

Category/Type: 001

Amount of Each Disbursement this Period: ~~11.00~~ 40.00

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) GAS

State: District: [Blank]

C. Siddiq Mumin

Date of Disbursement: 05 27 2011

Mailing Address: 1360 Regent St #157

City: Madison State: WI Zip Code: 53715

Purpose of Disbursement: Administrative

Candidate Name: [Blank]

Category/Type: 001

Amount of Each Disbursement this Period: 50.00

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) GAS

State: District: [Blank]

SUBTOTAL of Disbursements This Page (optional).....

101.00

TOTAL This Period (last page this line number only).....

09119902011

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)						PAGE	OF
	<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26		
	<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b		

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NAME OF COMMITTEE (In Full)
CITIZENS Protest Non Profit Inc.

A.

Full Name (Last, First, Middle Initial)
Siddiq Mumin

Date of Disbursement
06 27 2011

Mailing Address
1360 Regent St 157

City
Madison WI State Zip Code
53715

Purpose of Disbursement
Administrative

Candidate Name
Administrative **001** Category/Type

Amount of Each Disbursement this Period
325

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) **Copies**

State: District:

B.

Full Name (Last, First, Middle Initial)
Siddiq Mumin

Date of Disbursement
06 28 2011

Mailing Address
1360 Regent St 157

City
Madison WI State Zip Code
53715

Purpose of Disbursement
Administrative

Candidate Name
Administrative **001** Category/Type

Amount of Each Disbursement this Period
6 3759

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) **Gas**

State: District:

C.

Full Name (Last, First, Middle Initial)
Siddiq Mumin

Date of Disbursement
06 29 2011

Mailing Address
1360 Regent St 157

City
Madison WI State Zip Code
53715

Purpose of Disbursement
Administrative

Candidate Name
Administrative **001** Category/Type

Amount of Each Disbursement this Period
758.34

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) **Rental Car**

State: District:

SUBTOTAL of Disbursements This Page (optional)..... **799.18**

TOTAL This Period (last page this line number only).....

11030661161

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE OF

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

CITIZENS Protest Non Profit Inc.

Full Name (Last, First, Middle Initial)

A. Siddiq Mumin

Mailing Address

1360 Regents #157

City

Madison WI 53715

Purpose of Disbursement

Administrative

Candidate Name

001
Category/
Type

Date of Disbursement

05/31/2011

Amount of Each Disbursement this Period

50

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State:

District:

Copies

Full Name (Last, First, Middle Initial)

B. Siddiq Mumin

Mailing Address

1360 Regents #157

City

Madison WI 53715

Purpose of Disbursement

Administrative

Candidate Name

001
Category/
Type

Date of Disbursement

05/31/2011

Amount of Each Disbursement this Period

5.92

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State:

District:

Copies

Full Name (Last, First, Middle Initial)

C. Siddiq Mumin

Mailing Address

1360 Regents #157

City

Madison WI 53715

Purpose of Disbursement

Administrative

Candidate Name

001
Category/
Type

Date of Disbursement

05/31/2011

Amount of Each Disbursement this Period

5.00

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State:

District:

Copies

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

11.42

11030661162

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE OF

21b 22 23 24 25 26
 27 28a 28b 28c 29 30b

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NAME OF COMMITTEE (In Full)

CITIZENS Protest Non Profit Inc.

Full Name (Last, First, Middle Initial)

A. Siddiq MUMIN
 Mailing Address: 1360 Regent St #157
 City: Madison WI Zip Code: 53715
 Purpose of Disbursement: Administrative
 Candidate Name: Siddiq MUMIN
 Office Sought: House Senate President
 Disbursement For: Primary General Other (specify) DINNER
 Date of Disbursement: 05 31 2011
 Amount of Each Disbursement this Period: 10.31
 Category/Type: 001

B. Siddiq MUMIN
 Mailing Address: 1360 Regent St #157
 City: Madison WI Zip Code: 53715
 Purpose of Disbursement: Administrative
 Candidate Name: Siddiq MUMIN
 Office Sought: House Senate President
 Disbursement For: Primary General Other (specify) LUNCH
 Date of Disbursement: 05 31 2011
 Amount of Each Disbursement this Period: 11.96
 Category/Type: 001

C. Siddiq MUMIN
 Mailing Address: 1360 Regent St 157
 City: Madison, WI Zip Code: 53715
 Purpose of Disbursement: Administrative
 Candidate Name: Siddiq MUMIN
 Office Sought: House Senate President
 Disbursement For: Primary General Other (specify) OFFICE SUPPLIES
 Date of Disbursement: 05 31 2011
 Amount of Each Disbursement this Period: 153.95
 Category/Type: 001

SUBTOTAL of Disbursements This Page (optional).....

176.22

TOTAL This Period (last page this line number only).....

1103066163

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)				PAGE OF	
	<input type="checkbox"/> 21b <input type="checkbox"/> 27	<input type="checkbox"/> 22 <input type="checkbox"/> 28a	<input type="checkbox"/> 23 <input type="checkbox"/> 28b	<input type="checkbox"/> 24 <input type="checkbox"/> 28c	<input type="checkbox"/> 25 <input type="checkbox"/> 29	<input type="checkbox"/> 26 <input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
CITIZENS Protest Non Profit Inc.

A.

Full Name (Last, First, Middle Initial) **Siddiq Mumin**

Date of Disbursement **05 26 2011**

Mailing Address **1360 Regent St #157**

City **Madison** State **WI** Zip Code **53715**

Purpose of Disbursement **Administration**

Candidate Name **001** Category/Type

Amount of Each Disbursement this Period **9.09**

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) **Copies**

State: District:

B.

Full Name (Last, First, Middle Initial) **Siddiq Mumin**

Date of Disbursement **05 26 2011**

Mailing Address **1360 Regent St #157**

City **Madison** State **WI** Zip Code **53715**

Purpose of Disbursement **Administrative**

Candidate Name **001** Category/Type

Amount of Each Disbursement this Period **7.71**

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) **Copies**

State: District:

C.

Full Name (Last, First, Middle Initial) **Siddiq Mumin**

Date of Disbursement **05 26 2011**

Mailing Address **1360 Regent St #157 ~~53715~~**

City **Madison** State **WI** Zip Code **53715**

Purpose of Disbursement **Administration**

Candidate Name **001** Category/Type

Amount of Each Disbursement this Period **1.95**

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) **Copies**

State: District:

SUBTOTAL of Disbursements This Page (optional) **18.75**

TOTAL This Period (last page this line number only)

11030861164

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE OF

21b 22 23 24 25 26
 27 28a 28b 28c 29 30b

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NAME OF COMMITTEE (In Full)

CITIZENS Protest Non Profit Inc.

Full Name (Last, First, Middle Initial)

A. Siddiq Mumin

Mailing Address: 1360 Regent St #157

City: Madison WI Zip Code: 53715

Purpose of Disbursement: Stationary

Candidate Name: Siddiq Mumin

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) Administrative

State: District: Stationary

Date of Disbursement: 05/24/2011

Amount of Each Disbursement this Period: 226

Category/Type: 001

B. Siddiq Mumin

Mailing Address: 1360 Regent St #157

City: Madison WI Zip Code: 53715

Purpose of Disbursement: Stationary

Candidate Name: Siddiq Mumin

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) Administrative

State: District: Admini

Date of Disbursement: 05/25/2011

Amount of Each Disbursement this Period: 1225

Category/Type: 001

C. Siddiq Mumin

Mailing Address: 1360 Regent St #157

City: Madison WI Zip Code: 53715

Purpose of Disbursement: Rent U-Haul

Candidate Name: Siddiq Mumin

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) Administrative

State: District: Admini

Date of Disbursement: 05/26/2011

Amount of Each Disbursement this Period: 185.42

Category/Type: 001

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

179.93

11030661165

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE OF

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

CITIZENS Protest Non Profit Inc.

Full Name (Last, First, Middle Initial)

A. Siddiq Mumin
 Mailing Address: 1360 Regent St #157
 City: Madison State: WI Zip Code: 53715
 Purpose of Disbursement: Operating Expense
 Candidate Name: [Blank]
 Office Sought: House Senate President
 State: District: Disbursement For: Primary General Other (specify) Purchase Buttons

Date of Disbursement

06/30/2011

Amount of Each Disbursement this Period

3996

B. [Blank]
 Mailing Address: [Blank]
 City: [Blank] State: [Blank] Zip Code: [Blank]
 Purpose of Disbursement: [Blank]
 Candidate Name: [Blank]
 Office Sought: House Senate President
 State: District: Disbursement For: Primary General Other (specify) [Blank]

Date of Disbursement

[Blank]

Amount of Each Disbursement this Period

[Blank]

C. [Blank]
 Mailing Address: [Blank]
 City: [Blank] State: [Blank] Zip Code: [Blank]
 Purpose of Disbursement: [Blank]
 Candidate Name: [Blank]
 Office Sought: House Senate President
 State: District: Disbursement For: Primary General Other (specify) [Blank]

Date of Disbursement

[Blank]

Amount of Each Disbursement this Period

[Blank]

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

3996

11030661166

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)						PAGE	OF
	<input type="checkbox"/> 21b 27	<input type="checkbox"/> 22 28a	<input type="checkbox"/> 23 28b	<input type="checkbox"/> 24 28c	<input type="checkbox"/> 25 29	<input type="checkbox"/> 26 30b		

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
CITIZENS PROTEST NONPROFIT INC.

A. Full Name (Last, First, Middle Initial) Siddiq Mumin

Mailing Address 1360 Regent St

City Madison State WI Zip Code 53715

Purpose of Disbursement Administrative Category/Type 001

Candidate Name _____

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) Phone Equip

State: _____ District: _____

Date of Disbursement 06/10/2011

Amount of Each Disbursement this Period 17800

B. Full Name (Last, First, Middle Initial) Siddiq Mumin

Mailing Address 1360 Regent St

City Madison State WI Zip Code 53715

Purpose of Disbursement Administrative Category/Type 001

Candidate Name _____

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) Rental Truck

State: _____ District: _____

Date of Disbursement 06/10/2011

Amount of Each Disbursement this Period 2691

C. Full Name (Last, First, Middle Initial) Siddiq Mumin

Mailing Address 1360 Regent St

City Madison State WI Zip Code 53715

Purpose of Disbursement Administrative Category/Type 001

Candidate Name _____

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) Internet Ser

State: _____ District: _____

Date of Disbursement 06/20/2011

Amount of Each Disbursement this Period 999

SUBTOTAL of Disbursements This Page (optional)..... 45370

TOTAL This Period (last page this line number only).....

11030661167

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE OF

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Citizen's Protest Non Profit Inc.

Full Name (Last, First, Middle Initial)

A. Siddiq Mumin

Date of Disbursement

06 08 2011

Mailing Address

1360 Regent St 157

City Madison WI Zip Code 53715

Purpose of Disbursement

Administrative

001
Category/Type

Amount of Each Disbursement this Period

1079

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) 1

State:

District:

Supplies

Full Name (Last, First, Middle Initial)

B. Siddiq Mumin

Date of Disbursement

06 08 2011

Mailing Address

1360 Regent St 157

City Madison WI Zip Code 53715

Purpose of Disbursement

Administrative

001
Category/Type

Amount of Each Disbursement this Period

2433.48

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) 1

State:

District:

CAR RENTAL

Full Name (Last, First, Middle Initial)

C. Siddiq Mumin

Date of Disbursement

06 10 2011

Mailing Address

1360 Regent St 157

City Madison WI Zip Code 53715

Purpose of Disbursement

Administrative

001
Category/Type

Amount of Each Disbursement this Period

25043

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) 1

State:

District:

TRUCK RENTAL

SUBTOTAL of Disbursements This Page (optional).....

2,694.70

TOTAL This Period (last page this line number only).....

11030661168

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE OF

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Citizen's Protest Non Profit Inc.

Full Name (Last, First, Middle Initial)

A. Siddiq Mumin

Date of Disbursement: 06/08/2011

Mailing Address: 1360 Regent St 157

City: Madison WI 53715

Purpose of Disbursement: Travel

Candidate Name: [Blank]

Category/Type: 001

Amount of Each Disbursement this Period: 16340

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) Travel

State: District: [Blank]

B. Siddiq Mumin

Date of Disbursement: 06/08/2011

Mailing Address: 1360 Regent St 157

City: Madison WI 53715

Purpose of Disbursement: Administrative

Candidate Name: [Blank]

Category/Type: 001

Amount of Each Disbursement this Period: 300.00

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) Phone Equip

State: District: [Blank]

C. Siddiq Mumin

Date of Disbursement: 06/08/2011

Mailing Address: 1360 Regent St 157

City: Madison WI 53715

Purpose of Disbursement: Administrative

Candidate Name: [Blank]

Category/Type: 001

Amount of Each Disbursement this Period: 17395

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) Supplies

State: District: [Blank]

SUBTOTAL of Disbursements This Page (optional).....

63735

TOTAL This Period (last page this line number only).....

11030861169

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE OF

21b 22 23 24 25 26
 27 28a 28b 28c 29 30b

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NAME OF COMMITTEE (In Full)

Citizen's Protest Non Profit Inc.

Full Name (Last, First, Middle Initial)

A. Siddiq Mumin

Date of Disbursement

06 06 2011

Mailing Address

1360 Regent 157

City

State

Zip Code

Madison WI 53715

Purpose of Disbursement

Reception

001
Category/
Type

Amount of Each Disbursement this Period

1839

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify)

State:

District:

← Lunches

Full Name (Last, First, Middle Initial)

B. Siddiq Mumin

Date of Disbursement

06 06 2011

Mailing Address

1360 Regent St 157

City

State

Zip Code

Madison WI 53715

Purpose of Disbursement

Administrative

001
Category/
Type

Amount of Each Disbursement this Period

1623

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify)

State:

District:

← Supplies

Full Name (Last, First, Middle Initial)

C. Siddiq Mumin

Date of Disbursement

06 07 2011

Mailing Address

1360 Regent St 157

City

State

Zip Code

Madison WI 53715

Purpose of Disbursement

Administrative

001
Category/
Type

Amount of Each Disbursement this Period

3099

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify)

State:

District:

← Internet ser

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

6561

11030661170

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE OF

21b 22 23 24 25 26
 27 28a 28b 28c 29 30b

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NAME OF COMMITTEE (In Full)

Citizen's Protest Non Profit Inc.

Full Name (Last, First, Middle Initial)

A. Siddiq Mumin

Date of Disbursement

06 06 2011

Mailing Address

1360 Regent St 157

City

Madison

State

W.

Zip Code

53715

Purpose of Disbursement

Reception

001

Amount of Each Disbursement this Period

~~650~~ 1000

Candidate Name

Category/Type

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify)

State:

District:

Supplies

Full Name (Last, First, Middle Initial)

B. Siddiq Mumin

Date of Disbursement

06 06 2011

Mailing Address

City

Madison

State

W.

Zip Code

53715

Purpose of Disbursement

Reception

001

Amount of Each Disbursement this Period

973

Candidate Name

Category/Type

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify)

State:

District:

Lunch

Full Name (Last, First, Middle Initial)

C. Siddiq Mumin

Date of Disbursement

06 06 2011

Mailing Address

1360 Regent St 157

City

Madison

State

W.

Zip Code

53715

Purpose of Disbursement

Reception

001

Amount of Each Disbursement this Period

2056

Candidate Name

Category/Type

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify)

State:

District:

CAS

SUBTOTAL of Disbursements This Page (optional)

9979

TOTAL This Period (last page this line number only)

11030661171

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE OF

21b 22 23 24 25 26
 27 28a 28b 28c 29 30b

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NAME OF COMMITTEE (In Full)

CITIZENS Protest NonProfit Inc.

Full Name (Last, First, Middle Initial)

A. Siddic Mumin
 Mailing Address: 1360 Regent St 157
 City: Madison WI 53715
 Purpose of Disbursement: Meeting
 Candidate Name: Siddic Mumin
 Office Sought: House Senate President
 Disbursement For: Primary General Other (specify) Breakfast
 State: District:
 Date of Disbursement: 06/09/2011
 Amount of Each Disbursement this Period: 15.95
 Category/Type: 001

B. Siddic Mumin
 Mailing Address: 1360 Regent St 157
 City: Madison WI 53715
 Purpose of Disbursement: Meeting
 Candidate Name: Siddic Mumin
 Office Sought: House Senate President
 Disbursement For: Primary General Other (specify) Luncheon
 State: District:
 Date of Disbursement: 06/03/2011
 Amount of Each Disbursement this Period: 9.69
 Category/Type: 001

C. Siddic Mumin
 Mailing Address: 1360 Regent St 157
 City: Madison WI 53715
 Purpose of Disbursement: Administrative
 Candidate Name: Siddic Mumin
 Office Sought: House Senate President
 Disbursement For: Primary General Other (specify) Supplies
 State: District:
 Date of Disbursement: 06/03/2011
 Amount of Each Disbursement this Period: 15.86
 Category/Type: 001

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

41.50

11030661172

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)						PAGE	OF
	<input type="checkbox"/> 21b <input type="checkbox"/> 27	<input type="checkbox"/> 22 <input type="checkbox"/> 28a	<input type="checkbox"/> 23 <input type="checkbox"/> 28b	<input type="checkbox"/> 24 <input type="checkbox"/> 28c	<input type="checkbox"/> 25 <input type="checkbox"/> 29	<input type="checkbox"/> 26 <input type="checkbox"/> 30b		

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NAME OF COMMITTEE (In Full)
CITIZENS PROTEST NONPROFIT INC.

A. Full Name (Last, First, Middle Initial) Siddiq Mumin

Mailing Address 1360 Regent St 157

City Madison State WI Zip Code 53715

Purpose of Disbursement Administrative

Candidate Name _____

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) MAILING

State: _____ District: _____

Date of Disbursement 06 01 2011

Amount of Each Disbursement this Period 39.00

Category/Type 001

B. Full Name (Last, First, Middle Initial) Siddiq Mumin

Mailing Address 1360 Regent St 157

City Madison State WI Zip Code 53715

Purpose of Disbursement Administrative

Candidate Name _____

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) P.O. Box Rental

State: _____ District: _____

Date of Disbursement 06 01 2011

Amount of Each Disbursement this Period 1125

Category/Type 001

C. Full Name (Last, First, Middle Initial) Siddiq Mumin

Mailing Address 1360 Regent St 157

City Madison State WI Zip Code 53715

Purpose of Disbursement Travel

Candidate Name _____

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) Rental Truck

State: _____ District: _____

Date of Disbursement 06 02 2011

Amount of Each Disbursement this Period 177.84

Category/Type 001

SUBTOTAL of Disbursements This Page (optional)..... 228.09

TOTAL This Period (last page this line number only).....

11030861173

SCHEDULE C (FEC Form 3X)

LOANS

Use separate schedule(s) for each category of the Detailed Summary Page

PAGE OF
FOR LINE 13 OF FORM 3X

NAME OF COMMITTEE (In Full)

CITIZENS Protest, Non Profit Inc

LOAN SOURCE Full Name (Last, First, Middle Initial)

Election:

- Primary
- General
- Other (specify) ▼

Mailing Address

City State ZIP Code

Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

MM / DD / YY

MM / DD / YY

% (apr)

Yes No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶

TOTALS This Period (last page in this line only) ▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

11030661174

SCHEDULE C-1 (FEC Form 3X)
LOANS AND LINES OF CREDIT FROM LENDING INSTITUTIONS

Federal Election Commission, Washington, D.C. 20463

Supplementary for
 Information found on
 Page ____ of Schedule C

NAME OF COMMITTEE (In Full) CITIZENS Protest Non Profit Inc		FEC IDENTIFICATION NUMBER 050496927	
LENDING INSTITUTION (LENDER) Full Name		Amount of Loan 000	Interest Rate (APR) %
Mailing Address		Date Incurred or Established	
City	State	Zip Code	Date Due
A. Has loan been restructured? <input type="checkbox"/> No <input type="checkbox"/> Yes		If yes, date originally incurred	
B. If line of credit, Amount of this Draw:		Total Outstanding Balance:	
C. Are other parties secondarily liable for the debt incurred? <input type="checkbox"/> No <input type="checkbox"/> Yes (Endorsers and guarantors must be reported on Schedule C.)			
D. Are any of the following pledged as collateral for the loan: real estate, personal property, goods, negotiable instruments, certificates of deposit, chattel papers, stocks, accounts receivable, cash on deposit, or other similar traditional collateral? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, specify: _____		What is the value of this collateral? _____ Does the lender have a perfected security interest in it? <input type="checkbox"/> No <input type="checkbox"/> Yes	
E. Are any future contributions or future receipts of interest income, pledged as collateral for the loan? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, specify: _____		What is the estimated value? _____	
A depository account must be established pursuant to 11 CFR 100.82(e)(2) and 100.142(e)(2). Date account established: _____		Location of account: Address: City, State, Zip: _____	
F. If neither of the types of collateral described above was pledged for this loan, or if the amount pledged does not equal or exceed the loan amount, state the basis upon which this loan was made and the basis on which it assures repayment.			
G. COMMITTEE TREASURER Typed Name Signature		DATE M M / D D / Y Y Y Y	
H. Attach a signed copy of the loan agreement.			
I. TO BE SIGNED BY THE LENDING INSTITUTION: I. To the best of this institution's knowledge, the terms of the loan and other information regarding the extension of the loan are accurate as stated above. II. The loan was made on terms and conditions (including interest rate) no more favorable at the time than those imposed for similar extensions of credit to other borrowers of comparable credit worthiness. III. This institution is aware of the requirement that a loan must be made on a basis which assures repayment, and has complied with the requirements set forth at 11 CFR 100.82 and 100.142 in making this loan.			
AUTHORIZED REPRESENTATIVE Typed Name Signature		DATE M M / D D / Y Y Y Y	
Title			

11030661175

SCHEDULE D (FEC Form 3X)
DEBTS AND OBLIGATIONS
Excluding Loans

NAME OF COMMITTEE, (In Full)
CITIZENS Protest Non Profit Inc.

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor		Nature of Debt (Purpose):	
Mailing Address			
City	State		Zip Code

Outstanding Balance Beginning This Period			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor		Nature of Debt (Purpose):	
Mailing Address			
City	State		Zip Code

Outstanding Balance Beginning This Period			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor		Nature of Debt (Purpose):	
Mailing Address			
City	State		Zip Code

Outstanding Balance Beginning This Period			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	

1) SUBTOTALS This Period This Page (optional).....	000
2) TOTALS This Period (last page this line number only).....	000
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	000
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	000

11030661176

**SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES**

PAGE OF
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) **CITIZENS Protest Non Profit Inc** FEC IDENTIFICATION NUMBER **000496927**

Check if 24-hour notice 48-hour notice

Full Name (Last, First, Middle Initial) of Payee _____ Date _____
 M M / D D / Y Y Y Y
 Mailing Address _____
 City _____ State _____ Zip Code _____

Purpose of Expenditure _____ Category/Type _____ Office Sought: House State: _____
 Senate District: _____
 President
 Name of Federal Candidate Supported or Opposed by Expenditure: _____ Check One: Support Oppose

Calendar Year-To-Date Per Election for Office Sought _____ Disbursement For: Primary General
 Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee _____ Date _____
 M M / D D / Y Y Y Y
 Mailing Address _____
 City _____ State _____ Zip Code _____

Purpose of Expenditure _____ Category/Type _____ Office Sought: House State: _____
 Senate District: _____
 President
 Name of Federal Candidate Supported or Opposed by Expenditure: _____ Check One: Support Oppose

Calendar Year-To-Date Per Election for Office Sought _____ Disbursement For: Primary General
 Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures ▶
 (b) SUBTOTAL of Unitemized Independent Expenditures..... ▶
 (c) TOTAL Independent Expenditures ▶

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Siddi Mumin
 Signature

Date **08 30 2011**

11030661177

SCHEDULE F (FEC Form 3X)
ITEMIZED COORDINATED PARTY EXPENDITURES MADE BY
POLITICAL PARTY COMMITTEES OR DESIGNATED AGENT(S)
ON BEHALF OF CANDIDATES FOR FEDERAL OFFICE
(2 U.S.C. §441a(d))

(To be used only by Political Committees in the General Election)

NAME OF COMMITTEE (In Full)
CITIZENS Protest Now Profit Inc.

Has your committee been designated to make coordinated expenditures by a political party committee? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, name the designating committee:	Full Name of Subordinate Committee
	Mailing Address
	City State ZIP Code

11030661178

Full Name (Last, First, Middle Initial) of Each Payee	Purpose of Expenditure	Category/Type
Mailing Address	Date	
City State Zip Code	Amount	
Name of Federal Candidate Supported	Office Sought: House Senate Presidential	State: District:
Aggregate General Election Expenditure for this Candidate ▶		
Full Name (Last, First, Middle Initial) of Each Payee	Purpose of Expenditure	Category/Type
Mailing Address	Date	
City State Zip Code	Amount	
Name of Federal Candidate Supported	Office Sought: House Senate Presidential	State: District:
Aggregate General Election Expenditure for this Candidate ▶		
Full Name (Last, First, Middle Initial) of Each Payee	Purpose of Expenditure	Category/Type
Mailing Address	Date	
City State Zip Code	Amount	
Name of Federal Candidate Supported	Office Sought: House Senate Presidential	State: District:
Aggregate General Election Expenditure for this Candidate ▶		

SUBTOTAL of Expenditures This Page (optional).....▶	000
TOTAL This Period (last page this line number only).....▶	000

SCHEDULE H1 (FEC Form 3X)

METHOD OF ALLOCATION FOR:

- ALLOCATED FEDERAL AND NONFEDERAL ADMINISTRATIVE, GENERIC VOTER DRIVE AND EXEMPT ACTIVITY COSTS
- ALLOCATED FEDERAL AND LEVIN FUNDS FEDERAL ELECTION ACTIVITY EXPENSES (State, District and Local Party Committees Only)
- ALLOCATED PUBLIC COMMUNICATIONS THAT REFER TO ANY POLITICAL PARTY (BUT NOT A CANDIDATE) (Separate Segregated Funds And Nonconnected Committees Only)

NAME OF COMMITTEE (In Full)

CITIZENS Protest Nonprofit Inc.

USE ONLY ONE SECTION, A or B

A. State and Local Party Committees

Fixed Percentage (select one)

- Presidential-Only Election Year (28% Federal)
- Presidential and Senate Election Year (36% Federal)
- Senate-Only Election Year (21% Federal)
- Non-Presidential and Non-Senate Election Year (15% Federal)

B. Separate Segregated Funds and Nonconnected Committees

Flat Minimum Federal Percentage

If the committee will allocate using the flat minimum percentage of 50% federal funds, check OR

If the committee is spending more than 50% federal funds, indicate ratio below

Federal..... %

Nonfederal..... 100%

This ratio applies to (check all that apply):

- Administrative
- Generic Voter Drive
- Public Communications Referencing Party Only

11030661179

SCHEDULE H2 (FEC Form 3X)

ALLOCATION RATIOS

PAGE OF

NAME OF COMMITTEE (In Full)
Citizens Protest Non Profit Inc.

RATIOS FOR ALLOCABLE FUNDRAISING EVENTS AND DIRECT CANDIDATE SUPPORT ACTIVITIES APPEARING ON THIS REPORT.

Methods of allocation:

- I. FUNDRAISING activities are allocated using the "funds received method" where the federal proportion of expenses must equal the federal proportion of monies raised.
- II. Shared **DIRECT CANDIDATE SUPPORT** activities are allocated according to benefit expected to be derived, where the federal proportion of disbursements is based on the benefit derived by federal candidates from the activity. **For PACs Only:** Direct candidate support includes public communications or voter drives that refer to both federal and nonfederal candidates, regardless of whether there is a reference to a political party. Such expenses are allocated using a time/space method.

ACTIVITY OR EVENT IDENTIFIER	FEDERAL %	NONFEDERAL %
<p>Sale Buttons & Items</p> <p>ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support</p> <p>CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported</p>	<p>0% 0%</p>	<p>100% 100%</p>
<p>ACTIVITY OR EVENT IDENTIFIER</p> <p>ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support</p> <p>CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported</p>	<p>0% 0%</p>	<p>0% 0%</p>
<p>ACTIVITY OR EVENT IDENTIFIER</p> <p>ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support</p> <p>CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported</p>	<p>0% 0%</p>	<p>0% 0%</p>
<p>ACTIVITY OR EVENT IDENTIFIER</p> <p>ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support</p> <p>CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported</p>	<p>0% 0%</p>	<p>0% 0%</p>
<p>ACTIVITY OR EVENT IDENTIFIER</p> <p>ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support</p> <p>CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported</p>	<p>0% 0%</p>	<p>0% 0%</p>
<p>ACTIVITY OR EVENT IDENTIFIER</p> <p>ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support</p> <p>CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported</p>	<p>0% 0%</p>	<p>0% 0%</p>

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**SCHEDULE H3 (FEC Form 3X)
 TRANSFERS FROM NONFEDERAL ACCOUNTS FOR
 ALLOCATED FEDERAL / NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)
CITIZEN Protest Non Profit Inc

NAME OF ACCOUNT	DATE OF RECEIPT M M / D D / Y Y Y Y	TOTAL AMOUNT TRANSFERRED
		0.00

BREAKDOWN OF TRANSFER RECEIVED

i) Total Administrative	0.00
ii) Generic Voter Drive	0.00
iii) Exempt Activities	0.00
iv) Direct Fundraising (List Activity or Event Identifier)	
a) _____	0.00
b) _____	0.00
c) Total Amount Transferred For Direct Fundraising	0.00
v) Direct Candidate Support (List Activity or Event Identifier)	
a) _____	0.00
b) _____	0.00
c) Total Amount Transferred For Direct Candidate Support	0.00
vi) Public Communications Referring Only to Party (Made by PAC)	0.00

TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED

TOTAL This Period (Administrative)	0.00
TOTAL This Period (Generic Voter Drive)	0.00
TOTAL This Period (Exempt Activities)	0.00
TOTAL This Period (Direct Fundraising)	0.00
TOTAL This Period (Direct Candidate Support)	0.00
TOTAL This Period (Public Communications Referring Only to Party)	0.00
TOTAL This Period (Total Amount Transferred)	0.00

11030661181

SCHEDULE H4 (FEC Form 3X)

DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY

PAGE OF
FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)
Citizen Protest Non Profit INC

A. Full Name (Last, First, Middle Initial)
Siddie Mumin

Mailing Address
1360 Regent St 157

City State Zip Code
Madison WI 53715

Purpose of Disbursement:
Administrative

Activity or Event Identifier:

Allocated Activity or Event:
 Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

Date **08 30 2011**

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
		4500.00		4500.00

B. Full Name (Last, First, Middle Initial)
Siddie Mumin

Mailing Address
1360 Regent St 157

City State Zip Code
Madison WI 53715

Purpose of Disbursement:
FUNDRAISING

Activity or Event Identifier:

Allocated Activity or Event:
 Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

Date

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
		1150.00		1150.00

C. Full Name (Last, First, Middle Initial)
Siddie Mumin

Mailing Address
1360 Regent St 157

City State Zip Code
Madison WI 53715

Purpose of Disbursement:
Voter Drive

Activity or Event Identifier:

Allocated Activity or Event:
 Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

Date

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
				1555.00

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
				7170.00

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
				7170.00

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SCHEDULE H5 (FEC Form 3X)

**TRANSFERS OF LEVIN FUNDS RECEIVED FOR
ALLOCATED FEDERAL ELECTION ACTIVITY**

(To be used by State, District and Local Party Committees Only)

PAGE OF
FOR LINE 18b OF FORM 3X

NAME OF COMMITTEE (In Full)
CITIZENS Protest Non Profit Inc

NAME OF ACCOUNT	DATE OF RECEIPT M M / D D / Y Y Y Y	TOTAL AMOUNT TRANSFERRED
		0.00

BREAKDOWN OF THIS TRANSFER

- i) Voter Registration**
Total Amount Transferred for Voter Registration.....
- ii) Voter ID**
Total Amount Transferred for Voter ID.....
- iii) GOTV**
Total Amount Transferred for GOTV.....
- iv) Generic Campaign Activity**
Total Amount Transferred for Generic Campaign Activity.....

VOTER REGISTRATION

VOTER ID

GOTV

GENERIC CAMPAIGN ACTIVITY

NAME OF ACCOUNT	DATE OF RECEIPT M M / D D / Y Y Y Y	TOTAL AMOUNT TRANSFERRED

BREAKDOWN OF THIS TRANSFER

- i) Voter Registration**
Total Amount Transferred for Voter Registration.....
- ii) Voter ID**
Total Amount Transferred for Voter ID.....
- iii) GOTV**
Total Amount Transferred for GOTV.....
- iv) Generic Campaign Activity**
Total Amount Transferred for Generic Campaign Activity.....

VOTER REGISTRATION

VOTER ID

GOTV

GENERIC CAMPAIGN ACTIVITY

TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED (Last Page Only)

- TOTAL This Period (Voter Registration)**.....
- TOTAL This Period (Voter ID)**.....
- TOTAL This Period (GOTV)**.....
- TOTAL This Period (Generic Campaign Activity)**.....
- TOTAL This Period (Total Amount of Transfers Received)**.....

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**SCHEDULE H6 (FEC Form 3X)
DISBURSEMENTS OF FEDERAL AND LEVIN FUNDS
FOR ALLOCATED FEDERAL ELECTION ACTIVITY**
(To be used by State, District and Local Party Committees Only)

NAME OF COMMITTEE (In Full)
CITIZENS Protest Non Profit Inc.

11030661184

A. Full Name (Last, First, Middle Initial) / Full Organization Name		Type of Allocated Activity or Event: <input type="checkbox"/> Voter Registration <input type="checkbox"/> GOTV <input type="checkbox"/> Voter ID <input type="checkbox"/> Generic Campaign	
Mailing Address		Allocated Activity or Event Year-To-Date	
City	State	Zip Code	Date M M / D D / Y Y Y Y
Purpose of Disbursement		Category/ Type	

FEDERAL SHARE	+	LEVIN SHARE	=	TOTAL AMOUNT
---------------	---	-------------	---	--------------

B. Full Name (Last, First, Middle Initial) / Full Organization Name		Type of Allocated Activity or Event: <input type="checkbox"/> Voter Registration <input type="checkbox"/> GOTV <input type="checkbox"/> Voter ID <input type="checkbox"/> Generic Campaign	
Mailing Address		Allocated Activity or Event Year-To-Date	
City	State	Zip Code	Date M M / D D / Y Y Y Y
Purpose of Disbursement		Category/ Type	

FEDERAL SHARE	+	LEVIN SHARE	=	TOTAL AMOUNT
---------------	---	-------------	---	--------------

C. Full Name (Last, First, Middle Initial) / Full Organization Name		Type of Allocated Activity or Event: <input type="checkbox"/> Voter Registration <input type="checkbox"/> GOTV <input type="checkbox"/> Voter ID <input type="checkbox"/> Generic Campaign	
Mailing Address		Allocated Activity or Event Year-To-Date	
City	State	Zip Code	Date M M / D D / Y Y Y Y
Purpose of Disbursement		Category/ Type	

FEDERAL SHARE	+	LEVIN SHARE	=	TOTAL AMOUNT
---------------	---	-------------	---	--------------

SUBTOTAL of Shared Federal and Levin Activity This Page			
FEDERAL SHARE	+	LEVIN SHARE	= TOTAL AMOUNT
TOTAL This Period (last page for each line only)(Federal share to 30(a)(i) and Levin share to 30(a)(ii))			
FEDERAL SHARE		LEVIN SHARE	TOTAL AMOUNT
TOTAL This Period for the Levin Share			

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SCHEDULE L (FEC Form 3X)

AGGREGATION PAGE: LEVIN FUNDS

NAME OF COMMITTEE (In Full)

CITIZEN Protest Non Profit Inc

NAME OF ACCOUNT

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	COLUMN A TOTAL THIS PERIOD	COLUMN B YEAR-TO-DATE
1. RECEIPTS FROM PERSONS		
(a) Itemized (Use Schedule L-A)		
(b) Unitemized		
(c) Total		
2. OTHER RECEIPTS		
3. TOTAL RECEIPTS		
(Add Lines 1c and 2)		
4. TRANSFERS TO FEDERAL OR ALLOCATION ACCOUNT (Use Schedule L-B)		
(a) Voter Registration		
(b) Voter ID		
(c) GOTV		
(d) Generic Campaign		
(e) Total		
5. OTHER DISBURSEMENTS		
6. TOTAL DISBURSEMENTS		
(Add Lines 4e and 5)		
7. BEGINNING CASH ON HAND		
(for Column B, use cash as of January 1st)		
8. RECEIPTS		
(from Line 3)		
9. SUBTOTAL		
(Add Lines 7 and 8)		
10. DISBURSEMENTS		
(From Line 6)		
11. ENDING CASH ON HAND		
(Subtract Line 10 From Line 9)		

**SCHEDULE L-A (FEC Form 3X)
ITEMIZED RECEIPTS OF LEVIN FUNDS**

Use separate schedule(s) for each category of the Aggregation Page	PAGE	OF
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 1a <input type="checkbox"/> 2	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
CITIZENS Protest Non Profit Inc.

A.			Date of Receipt
Mailing Address			MM / DD / YYYY
City	State	Zip Code	Amount of Each Receipt this Period
Name of Employer or Principal Place of Business			Aggregate Year-to-Date
Occupation			
Full Name (Last, First, Middle Initial) / Full Organization Name			Date of Receipt
Mailing Address			MM / DD / YYYY
City	State	Zip Code	Amount of Each Receipt this Period
Name of Employer or Principal Place of Business			Aggregate Year-to-Date
Occupation			
Full Name (Last, First, Middle Initial) / Full Organization Name			Date of Receipt
Mailing Address			MM / DD / YYYY
City	State	Zip Code	Amount of Each Receipt this Period
Name of Employer or Principal Place of Business			Aggregate Year-to-Date
Occupation			
Full Name (Last, First, Middle Initial) / Full Organization Name			Date of Receipt
Mailing Address			MM / DD / YYYY
City	State	Zip Code	Amount of Each Receipt this Period
Name of Employer or Principal Place of Business			Aggregate Year-to-Date
Occupation			
Full Name (Last, First, Middle Initial) / Full Organization Name			Date of Receipt
Mailing Address			MM / DD / YYYY
City	State	Zip Code	Amount of Each Receipt this Period
Name of Employer or Principal Place of Business			Aggregate Year-to-Date
Occupation			

SUBTOTAL of Receipts This Page (optional).....▶	
TOTAL This Period (last page this line number only).....▶	000

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**SCHEDULE L-B (FEC Form 3X)
ITEMIZED DISBURSEMENTS
OF LEVIN FUNDS**

Use separate schedule(s)
for each category of the
Aggregation Page

FOR LINE NUMBER: (check only one)	PAGE	OF
<input type="checkbox"/> 4a	<input type="checkbox"/> 4c	<input type="checkbox"/> 5
<input type="checkbox"/> 4b	<input type="checkbox"/> 4d	

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NAME OF COMMITTEE (In Full)
CITIZEN Protest Non Profit Inc.

Full Name (Last, First, Middle Initial) / Full Organization Name

Date of Disbursement

A.

Mailing Address

City State Zip Code

Purpose of Disbursement

Amount of Each Disbursement this Period

B.

Full Name (Last, First, Middle Initial) / Full Organization Name

Mailing Address

City State Zip Code

Purpose of Disbursement

Amount of Each Disbursement this Period

C.

Full Name (Last, First, Middle Initial) / Full Organization Name

Mailing Address

City State Zip Code

Purpose of Disbursement

Amount of Each Disbursement this Period

D.

Full Name (Last, First, Middle Initial) / Full Organization Name

Mailing Address

City State Zip Code

Purpose of Disbursement

Amount of Each Disbursement this Period

E.

Full Name (Last, First, Middle Initial) / Full Organization Name

Mailing Address

City State Zip Code

Purpose of Disbursement

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

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Federal Election Commission
ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS
 The FEC added this page to the end of this filing to indicate how it was received.

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> USPS First Class Mail	Postmarked
<input type="checkbox"/> USPS Registered/Certified	Postmarked (R/C)
<input checked="" type="checkbox"/> USPS Priority Mail	Postmarked 8/31/11
Delivery Confirmation™ or Signature Confirmation™ Label	<input type="checkbox"/>
<input type="checkbox"/> USPS Express Mail	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
	Next Business Day Delivery <input type="checkbox"/>
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked

[Handwritten Signature]

PREPARER
(3/2005)

8/31/11
DATE PREPARED

88119905011